

Case Number:	CM15-0101612		
Date Assigned:	06/04/2015	Date of Injury:	11/18/2012
Decision Date:	07/09/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 47-year-old female who sustained an industrial injury on 11/18/2012. Diagnoses include right and left knee strain. Treatment to date has included medications. An MRI of the left knee on 4/18/15 showed a small popliteal cyst and prepatellar bursitis; MRI of the right knee on that date showed a Grade II signal within the posterior horn of the medial meniscus. According to the Initial Evaluation, dated 3/9/15 the IW reported left knee pain; she also complained of right knee pain. She reported swelling of both knees. The right knee pain was described as dull, frequent and radiating to the lower back. The left knee pain was constant, sharp and non-radiating. On examination, the knees were diffusely tender and painful with motion. A request was made for physical therapy two times a week for six weeks to the bilateral knees and bilateral knee braces. Notes indicate that the patient has undergone physical therapy in 2015.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 2 times a week for 6 weeks to the bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended by ODG as a trial (6-visits) and, unfortunately, there is no provision for modification of the current request. If the patient has undergone physical therapy previously, there is no documentation of objective functional improvement from those sessions to support additional therapy. In the absence of clarity regarding those issues, the current request for physical therapy is not medically necessary.

Bilateral knee braces: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Knee brace.

Decision rationale: Regarding the request for a knee brace, Occupational Medicine Practice Guidelines state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. ODG recommends valgus knee braces for knee osteoarthritis. ODG also supports the use of knee braces for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Within the documentation available for review, there is no indication that the patient has any of the diagnoses for which a knee brace is indicated, or any indication that the patient will be stressing the knee under load. In the absence of such documentation, the currently requested knee brace is not medically necessary.

